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## THE PROBLEMATIC NATURE OF THE SOCIAL INCLUSION OF PEOPLE WITH INTELLECTUAL DISABILITY

### PROBLEMATYCZNOŚĆ INKLUZJI SPOŁECZNEJ OSÓB Z NIEPEŁNOSPRAWNOŚCIĄ INTELEKTUALNĄ

**Keywords:**  
persons with intellectual disability, social inclusion, support system, diagnostic criteria of intellectual disability

**Summary:** The article points to two vital issues which can make the currently widely popularized question of the social inclusion of people with intellectual disabilities problematic. Despite favorable legal regulations inspired primarily by the principles of the Convention on the Rights of Persons with Disabilities, and a highly dynamic approach to the possibility of systemic support for people with intellectual disabilities in the process of pro-integration education and rehabilitation expressed in the current socio-ecological concept of this disorder, there are problems that should lead to reflection and a search for ways to solve them. The first issue is connected with the necessity to rationalize the support for these people in such a way that, by adopting a flexible and personalized approach, they would be allowed to make decisions regarding their own lives and given

**Słowa kluczowe:**  
osoby z niepełno-  
sprawnością inte-  
lektualną, społeczna  
inkluzja, system  
wsparcia, kryteria  
diagnostyczne  
niepełnosprawności  
intelektualnej

the chance of taking up employment and leading their lives independently. The second, in turn, refers to the possibility of a wider recognition of the intellectual potential of people with intellectual disabilities as more beneficial to their development and social inclusion.

**Streszczenie:** W artykule wskazano na dwie istotne kwestie, które intensywnie upowszechnianą aktualnie inkluzję społeczną osób z niepełnosprawnością intelektualną mogą czynić problematyczną. Mimo korzystnych regulacji prawnych, inspirowanych przede wszystkim założeniami Konwencji o prawach osób z niepełnosprawnościami, i wysoce dynamicznego podejścia do możliwości systemowego wspierania osób z niepełnosprawnością intelektualną w procesie prowadzącej edukacji i rehabilitacji, wyrażonych w aktualnym, społeczno-ekologicznym koncepcie tego zaburzenia, zauważane są problemy, które powinny skłonić do refleksji i poszukiwania sposobów ich rozwiązania. Pierwszy wiąże się z koniecznością takiego zracjonalizowania wspierania tych osób, aby dzięki jego elastycznemu i spersonalizowanemu wymiarowi umożliwiano stanowienie o sobie i dawało szansę na podjęcie zatrudnienia i niezależne życie. Natomiast drugi odnosi się do możliwości szerszego ujmowania intelektualnego potencjału osób z niepełnosprawnością intelektualną jako bardziej korzystnego dla ich rozwoju i społecznej inkluzji.

## Introduction

It seemed that the positive changes which have occurred – particularly in the last three decades<sup>1</sup> – in the issue of explaining the nature of intellectual disability would clearly intensify the pro-inclusive actions and solutions supporting

<sup>1</sup> In the most up-to-date approach to intellectual disability published by the American Association on Intellectual and Developmental Disabilities (AAIDD) in the current 11th edition of the handbook (R.L. Schalock et al. [2010]. *Intellectual Disability: Definition, Classification, and Systems of Supports, Eleventh Edition*. AAIDD; cf. also R.L. Schalock et al. [2012]. *User's Guide for Intellectual Disability: Definition, Classification, and Systems of Supports, Eleventh Edition*. AAIDD), the name of this disability was changed, thus eliminating the stigmatizing term – mental retardation – by means of introducing a less pejorative one – intellectual

persons with this disability and inspire new initiatives. The developmental potential of these persons, their educational opportunities, rehabilitation and systemic support were all supposed to be finally taken into account and respected. An enormous opportunity in this respect is also created by the currently broadly advocated, multi-dimensional and ecological recognition of this disability. The importance of limitations in the functioning of persons suffering from disability when confronted with the requirements of the community is emphasized, as well as the significance of individual support in its improvement (Schalock et al., 2010). Moreover, the above actions are sanctioned by the Convention on the Rights of Persons with Disabilities [Konwencja o prawach osób z niepełnosprawnościami] (2006), ratified by Poland in 2012 and still in force. In its assumptions, it clearly highlights the necessity to act to the benefit of social integration and inclusion, as successfully widening the field of subjective participation of these persons in all spheres and scopes of social life (cf. Janiszewska-Nieścioruk & Sadowska, 2015). The promotion and protection of the ability to exercise all of one's liberties and rights, respect for personal dignity, as well as the removal of barriers and elimination of the exclusion and discrimination of persons with disability are all considered obvious steps (Convention on the Rights of Persons with Disabilities, 2006).

The indicated legal regulations and highly dynamic approach to the pro-inclusive education and rehabilitation of persons with intellectual disability expressed in the current approach to the subject matter of the disorder, while immensely beneficial for all the persons with disabilities, should, however, lead us to reflect on at least two very important issues. The first of them is related to the openness of our contemporary social reality, including the institutions, normative systems and formalized structures, to the diversified needs

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disability, and three criteria of its determination were emphasized (maintained): significant limitations both in intellectual functioning as well as adaptive behavior, expressed in cognitive, social and practical skills, occurring until the age of 18.

**I returned to the previous version**, emphasizing the need of double criteria of diagnosing, i.e., apart from IQ also adaptive skills (in the 1992 handbook) and later adaptive behavior (in the 2002 and 2010 handbooks), indicating the significance of the assessment of the functioning of people with intellectual disability in the indicated scopes and the possibility to support them in social integration and inclusion. Pro-inclusive attitude towards persons with intellectual disability is also visible in the explanation of the subject matter of this disorder provided by the American Psychiatric Association – APA; Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, 2013; Polish version: *Diagnostic and Statistical Manual of Mental Disorders, DSM-5*. (2015). Wydawnictwo Edra Urban & Partner: Wrocław.

of children, youth and adults with this disability. It is important to consider whether the positive changes experienced by these people, particularly in terms of support, are of the expected, process-like and dynamic character, and whether they are compatible with the actual changes at the level of the norms, values and social practice normalizing their lives. The suitability and mobility of highly personalized support is of crucial importance at all the life stages of persons with intellectual disability, but they take on a particular, pro-inclusive dimension in the post-educational period of their functioning. Paradoxically, when experiencing the reduction and frequent lack of support in adulthood or negligence in the scope of continuing education after completing formal education, these people are subjected to submissive dependence on those closest to them, marginalizing them and, consequently, all too often excluding them from the job market and local society. Therefore, they are likely to be classified as NEET – people who are *not in employment, education or training* – or function in the so-called grey zone of persons with lower than average intelligence, balancing at the edge of the norm and intellectual disability and, hence, not strongly supported after completing formal education (cf. Świętek et al., 2018; Jankowska, Bogdanowicz & Łockiewicz, 2013).

There is yet one more problem related to determining the intellectual disability diagnostic criteria indicated earlier, in which – as equivalent to the assessment of adjusting behavior – the psychometrically tested intellectual potential of persons suspected of disability is still maintained. Making use of the narrow IQ measurement and maintaining its criteria range in diagnosing this disorder, e.g., in ICD-10, as well as in the gradation of this disability, may be perceived as a symptom (less aggressively than before, but noticeable) of medicalization in the attitudes towards persons with intellectual disability.

### **The first problem:**

#### **A system of support without rationalization and its negative consequences for the social inclusion of persons with intellectual disability**

In the current pro-inclusive approach to solving the life problems of persons with intellectual disability, priority should be placed on support aiming at the empowerment of these people, that is, it should be systemically refined, flexible in its offer, emancipating according to the person's possibilities and requirements, respecting partner relations in correlated actions and solutions, and

providing a sense of agency and personal independence (cf. Communication from the Commission to the European Parliament [Komunikat Komisji do Parlamentu Europejskiego], 2010). So, the point is not so much to provide care, which often subordinates the person and leads him or her to become dependent on it, as to rationally provide and distribute support that is well-planned and monitored in terms of quality and the time of its provision, and therefore “hot,” because it adequately and quickly reacts the demands of those who need it. At the same time, it must not be excessive, but inspiring activity on the part of the “beneficiaries,” activating these people in the process of support. Therefore, we are advocates of support for persons with intellectual disability in which its rationalism is expressed – a departure from what may be referred to as “paper wings,” which allow the disabled to dream about a change in their situation and rising above their everyday problems, but in reality do not facilitate their taking off the ground (cf. Kubicki, 2011). The point is to provide profiled support both in scope and in the time in which it is granted, deployed in the situation of confrontation of the resources these people have and the requirements of the environment, hence decreasing the distance between them; in other words, support which enhances these resources and facilitates their functioning, providing an opportunity to solve life problems in a satisfactory way (Schalock et al., 2010). We believe that in the process of the pro-inclusive support of members of this group and their families, it is equally important to prevent the issue of the accumulated impact of discrimination which the disabled might experience, for instance, due to their age, gender or cultural diversity, as well as to eliminate this discrimination (cf. Communication from the Commission to the European Parliament, 2010).

Facing the noticeable deficiencies in the scope of support understood and provided this way, there may be problems in the functioning of persons with intellectual disability, who, as we have already signaled, may fall into the NEET group, and who might, often permanently, remain excluded from education and the labor market, dependent on their family and successively excluded from the life of the local community.<sup>2</sup> The NEET group often includes young

<sup>2</sup> Regulating the situation of this group not only in Europe, but also in Poland, was proposed, for instance, in the project Detailed Description of Priority Axes of Smart Growth Operational Programme 2014–2020, version 15, Warsaw, 3 July 2019. Special attention should to be paid, for example, to Activity 2.6 High quality policies for social inclusion and vocational inclusion of disabled persons, as well as Action 2.7 Improving the employability of persons particularly at risk of social exclusion; [https://www.power.gov.pl/strony/o\\_programie/](https://www.power.gov.pl/strony/o_programie/)

people suffering from a disease or disabled youth, most commonly between the years of 15 and 29, who are not in school or another form of education and therefore not developing and not completing or enriching their competencies and cognitive, practical and social skills, including professional qualifications necessary to perform work and be self-reliant. Moreover, as Blanka Serafin-Juszczak (2014, p. 47) emphasizes, although “we cannot unequivocally answer the question who the average representative of the ‘neither-nor generation’ is, since the NEET group is not homogenous,” the members of this group include persons who are particularly exposed to social marginalization and exclusion due to their disability – often further exacerbated by the low cultural and social capital of their family of origin and its low social and economic status. These observations confirm the research of Eurofound, which found that the discussed category includes – apart from the most numerous group of the unemployed (short- and long-term), not involved (unable to take an activity in the field of work or study for a variety of reasons) or discouraged ex-employees – also ill young people and the disabled (6.8% – *Illness, disability – not seeking work due to illness or disability; includes those who need more social support because they cannot do paid work*) and caretakers with family duties (15.4%) (NEETs Young people not in employment, 2012). It is worth adding that in a later study dealing with a more diversified NEET group, the activities leading to successful exit from this group, or at least limiting the risk of the social exclusion of these people, were emphasized (Exploring the diversity of NEETs, 2016). These initiatives are much anticipated, particularly in the case of disability and especially, intellectual disability, since the risk that persons with this disability will become NEETs, as compared with other groups, increases to as much as 40% (cf. Krause, 2016). It is an important problem, which should be a subject matter of reflection for all those engaged in any extent in the lifelong process of the education, rehabilitation and social inclusion of these people.

The case is similar regarding the functioning of persons with intellectual disability in the so-called grey zone, which is a hostile educational space, too rarely creating curricula useful in the lives of the disabled but too often diverging from contemporary realities and expectations. Preventing negative educational experiences for students with intellectual disability – undoubtedly a risk factor

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dokumenty/szczegolowy-opis-osi-priorytetowych-programu-operacyjnego-wiedza-edukacja-rozwoj-2014-2020 [accessed: 10.10.2019].

for grade retention, dropping out of school, expulsion from school, criminal conduct, mental disorder, etc. (cf. Jankowska et al, 2013) – also includes the obligation to proactively support them in adulthood in order to minimize the personal and social costs of marginalization and exclusion. Actions in the scope of the social reintegration or revitalization of this group should take into account the importance of lifelong learning, encourage dialogue and the cooperation of parents/caretakers with a teaching staff with a variety of skills, leaders of governmental and non-governmental institutions, entrepreneurs and companies. This well-organized cooperation is a guarantee of efficient support, limiting, as much as possible, the social and personal consequences of disability. Strategies or actions launched to this effect are not capable of preventing intellectual disability or often correlated diseases and disorders but they may minimize their consequences or thwart possible health problems in the independent functioning of people with this disability (cf. Schalock et al., 2010). Hence, they reduce differences between a person's resources and the expectations and requirements of the community, therefore enabling efficient participation in the environment. At the same time, the increase of personal resources is equally significant, as well as the activation necessary to improve their general functioning in the process of social inclusion.

We also perceive the importance of thus understood and organized support with reference to undiagnosed persons or persons diagnostically balancing on the edge of the norm and intellectual disability, including those with results slightly above the limit of disability (70–75 IQ). In adulthood, apart from the system of formal education, these people are unrecognized, hence, their psychosocial and health situation, given the lack of support, may be unfavorable and burdensome. It is often the case that they do not have an identified cause of their disability and physically, they are no different than the rest of population; they do not show any specific behavioral disorders, and their personalities, as in the case of all people, are various. Although a lot of these people will require support, some of them might live independently, at least, for some time. The persisting stereotypical thinking about the inability of these people to function independently, various forms of activity undertaken by them and their relations, is inadequate and socially harmful. Unfortunately, this group is identified primarily in the educational system, since the school requirements imposed on them quickly reveal their intellectual and adaptive limitations. In adulthood, the above-mentioned limitations can remain unidentified, and so, support is not offered. As a consequence, its lack may intensify the differences

between the abilities of persons with intellectual disability and the requirements of their environment, which may, in time, become overwhelming and impossible to satisfy. The situation may prove to be similar in case of people with higher IQ results who, in fear of stigmatization, try to conceal their disability and therefore do not use available facilities or social and medical support which might affect the quality of their life and social relations. The long-term experience of the consequences of decreased intellectual or adaptive abilities makes these people defenseless and helpless in the face of expectations of the family, system of education and labor market. Their dependence on those closest to them increases and their deficiencies in competencies make it impossible to take up a job, even temporary, depriving them of the opportunity to live independently, meet their life partner or set up a family. Most of these people suffer from poverty and unemployment and feelings of solitude and exclusion. The fact that they do not exercise their legitimate rights in this scope of support makes it all the more important that various state authorities, particularly law enforcement agencies and the police, should be aware of the particular needs of these people in case they violate the law (cf. Schalock et al., 2010). However, as Janusz Heitzman (2017, p. 17) underlines, “a relatively common occurrence is the presence of persons with intellectual disability in penitentiaries.” They constitute quite a significant group – from 4% to 10% of the prison population. Their credulity, susceptibility to suggestions and need for acceptance or being liked by others may cause them to come in conflict with the law. Persons with mild intellectual disability in the situation of contact with the police might try to hide their deficits, but they may also be overwhelmed by this contact, which limits their cognitive abilities even more. As such, they may be treated as if they consciously avoided, for instance, remembering facts, describing facts and details of an offence. “The fact that they often ‘want to look good’ and satisfy others’ expectations, like those who interrogate them, makes them agree to suggestions, admit doing something they did not do or take the blame of others on themselves. Their inability to control emotions often causes them to be anxious, to try to run away, even when this is unlikely; they are uneasy, excessively frightened or aggressive” (Heitzman, 2017, p. 22). Another problem, related to the above and equally important, is the inability to understand one’s legitimate rights, which is of crucial importance during investigations. They may be further hindered by the lack of applicable, professional support. The system of justice is therefore obliged to protect the rights of these people, to make a careful assessment of the situation and evidence, as



well as to consider the advisability of imposing a prison sentence. Needless to say, the awareness of persons with intellectual disability of the legitimate rights of all citizens and their ability to exercise them is dependent on the level of their civic education and the accessibility of support provided by experienced lawyers. Meanwhile, according to research conducted by the Ombudsman for civil rights,<sup>3</sup> the mechanisms guaranteeing that persons with intellectual disability, finding themselves in a particularly difficult situation, will be identified and their status and special needs recognized, are highly inadequate. As a consequence, their rights guaranteed by the Constitution and other conventions are too often limited (Nowakowska, 2017), which contributes to their social disadvantage and exclusion.

### **The second problem:**

#### **Maintaining the IQ criterion in the diagnosis and gradation of intellectual disability as a manifestation of the medicalization of the approach to people with this disability**

The efficacy of pro-inclusive actions geared towards persons with intellectual disability is to a large degree dependent on the proper approach to the diagnosis of this disability. Its aim should be a multidisciplinary recognition of these people's needs and potential, setting accurate goals, indicating forms of support and choosing the appropriate instruments of action, thus preparing an individualized program of education and rehabilitation. It is also recommended for these measures to be addressed both to the person with disability and those in their immediate environment (Mrugalska, 2015). The International Classification of Functioning, Disability and Health (ICF) is undoubtedly a tool offering a thorough, standardized description of health and

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<sup>3</sup> The touching report of the Ombudsman revealing the problem of the limiting of freedom and imprisonment of persons with intellectual disability, among others, can be found in the monograph of E. Dawidziuk and M. Mazur (2017). *Osoby z niepełnosprawnością intelektualną lub psychiczną osadzone w jednostkach penitencjarnych. Z uwzględnieniem wyników badań przeprowadzonych przez pracowników Biura Rzecznika Praw Obywatelskich* [People with intellectual or mental disabilities imprisoned in penitentiary units. In view of the results of research conducted by the employees of the Ombudsman's Office]. Warszawa: The Ombudsman's Office, [https://www.rpo.gov.pl/sites/default/files/Osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20intelektualn%C4%85%20%20lub%20psychiczn%C4%85%20osadzone%20w%20jednostkach%20penitencjarnych%202017\\_0.pdf](https://www.rpo.gov.pl/sites/default/files/Osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20intelektualn%C4%85%20%20lub%20psychiczn%C4%85%20osadzone%20w%20jednostkach%20penitencjarnych%202017_0.pdf) [accessed: 17.10.2019].

health-related conditions and assistance in preparing pro-inclusive measures for persons with intellectual disability. In its approach to disability (including intellectual), as Krystyna Mrugalska (2015) rightly notes, it introduces a new, creative and very promising social perspective: the person's functioning, activity and participation in social life, as opposed to shortfalls or damaged body structures, which is a clearly medical approach. This way, the application of ICF brings us closer to a more complete realization of the human rights of all people with disabilities, including persons with intellectual disability.

Also, the recognition and classification of intellectual disability proposed by AAIDD, as we have already pointed out, focuses mainly on the functioning of people with this disability and securing a flexible system of support for them, a necessary step to maximize their chances for a satisfactory and active life. Therefore, it does not only focus on what they lack or on their deficits (thus not making it a purely medical approach), but on support minimizing the differences between the individual's resources and expectations of the community in which he or she functions. However, the IQ criterion, psychometrically too narrowly verified, has been maintained as a still useful diagnostic tool. This situation is due to the lack of the development of a credible and reliable tool using a wider or multi-faceted approach to the measurement of intelligence, which Schalock et al. (2010) refer to as the possibility of determining multiple intelligences. Even though this matter remains in the theoretical sphere, the indication of a wider understanding of the intellectual potential of persons with intellectual disability is well suited to the content of assumptions taken into account in the most up-to-date, social and ecological explanations of the matter of this disability by AAIDD. Howard Gardner's postulate (2002) is still valid and thought provoking. He claims that instead of creating tests<sup>4</sup> which do not measure the enhanced intelligence of individuals, it would be a better idea to create tools which would help to discover their talents and support their development, taking into account the educational and social context (cf. Gardner et al., 2001; Robinson, 2010, 2012; Robinson & Aronica, 2015).

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<sup>4</sup> An interesting overview of psychological tests and their assessment indicating their diagnostic weaknesses is presented in an article by Anna Matczak and Aleksandra Jaworowska (2015, pp. 183–188). It is worth noting that in this text, the authors emphasize the very current problem of so-called "test burning" by means of making the tests accessible (questions, answer keys, handbook fragment) to unauthorized persons, e.g., online. A test which is commonly accessible, they stress, loses its diagnostic value for the potentially tested persons. Therefore, the protection of psychological tests is necessary.

Even more so, as Anna Firkowska-Mankiewicz points out, historical, social and cultural factors (the direction and phase of a civilization's development, its dominating ideology, commonly appreciated system of values) may affect and impact matters related to the perception, understanding, defining and measuring of intelligence (cf. Janiszewska-Nieścioruk, 2019). Nevertheless, not a wide or multi-faceted, but a narrow (and thus supporting the depreciation of the intellectual potential of persons with intellectual disability) psychometric determination of intelligence, despite its justified criticism, is still maintained as a vital criterion of diagnosing persons with intellectual disability. Meanwhile, in many life situations, such unambiguous classifying is not recommended, since it reduces and limits the significant intellectual potential of these people in other dimensions, such as social, emotional, language, inter- and intrapersonal, spatial, musical, bodily-kinesthetic, practical (cf. Gardner, 2002; Goleman, 1997; Karwowski, 2005; Albrecht, 2007; Strelau, 2016; Sternberg et al., 2018; cf. also Janiszewska-Nieścioruk, 2019).

Also, some of the more recent studies in which an attempt was made to determine the level of intelligence without using tests also urge us to reflect on the tools used to date for measuring intelligence and suggests understanding and explaining it in different way. It was the criticism of tests that inspired researchers to search for a new way of assessing intelligence, which they associate not so much with acquired knowledge or learned skills, as with the indication of the potential abilities of the given individual. Moreover, intellectual potential was evaluated on the basis of simple reactions, e.g., to visual stimuli. It was determined, among other things, that what matters immensely for intelligence is the ability to suppress insignificant information, to exclude or reject the redundant, which facilitates proper action and being able to cope in various contexts, conditions and situations (Melnick et al., 2013; Troche et al., 2018).

Such optimal functioning of persons with intellectual disability makes it necessary to support them, often throughout their lives. Therefore, maintaining the gradation of this disability instead of determining the scope and extent of the support for persons suffering from it, does not seem appropriate from the point of view of the developmental needs of these persons and their social inclusion. The very diagnosis of intellectual disability can be a kind of abuse for these people, since it causes their labelling, whereas diagnosing due to the seriousness of this disability somewhat imposes on the social environment a simplified image of a specific group of people, who are in fact very different in their ability to adjust to requirements of the community or being included

in its space (cf. Kowalik, 2005). Therefore, it is necessary to underline once again that the efficiency of their functioning is to a large degree subject to social expectations and the quality of support offered to them and provided in situations in which they are unable to fulfill the expectations. Meanwhile, for instance, the still binding ICD-10 classification distinguishes four levels of mental retardation (the currently applied term is “intellectual disability”) based on the measurement of cognitive abilities: *mild* (IQ of 50–69), *moderate* (IQ of 35–49), *severe* (IQ of 20–34) and *profound* (IQ – below 20). Moreover, it is added that “regardless of the cultural norms and expectations towards the tested persons, the researchers must decide themselves how to best assess the intelligence quotient or mental age, guided by provided ranges” (ICD-10, 1998, p. 128). The diagnosis recommended in ICD-10 does not take into account, unfortunately, the adaptative behavior of persons with intellectual disability.

It is worth noting that an attempt to depart from differentiating levels of disability based on psychometrically determined mental levels, categorizing these persons and excessively focusing attention on their deficits was undertaken in the 9th edition of the handbook of American Association on Mental Retardation – *Mental retardation: Definition, classification, and systems of supports* (AAMR, 1992). What was proposed instead was its differentiated support: *intermittent* – episodic, periodic, in situations of, e.g., loss of work or illness; *limited* – repeated many times, albeit not constantly, but also not sporadically; *extensive* – constant support, e.g., provided daily, at least in some circumstances (at work, at home); *pervasive* – significant, intensive support provided in all conditions, likely lifelong. Hence, it was indicated that in the diagnosis of intellectual disability, it is necessary to take into account the extent and scope of support necessary for the given individual to overcome his or her limitations and hardships (AAMR, 1992, p. 26; Tucholska, 1998). Consequently, instead of determining mild, moderate, severe or profound levels of intellectual disability based on a psychometrically determined mental level of persons with this disability, it was proposed to emphasize in the diagnosis the extent of support expected by these persons, such as limited support in communication and social skills, or a varied support in the scope of social skills and self-control (Tucholska, 1998). Such a diagnosis should be recognized today as a more functional one, thus, suitable for the needs of persons with intellectual disability. Unfortunately, in the latest classifications that are currently in force, apart from the above-mentioned ICD-10 and DSM-5 (2013), the change of categorizing these persons in a less labelling manner was not maintained.

The researchers working on the ICD-11 (International Statistical Classification of Diseases and Related Health Problems – WHO) also proposed maintaining four levels of the severity of intellectual development disorder – IDD<sup>5</sup> – analogous to those included in DSM-5, namely *mild*, *moderate*, *severe* and *profound*, with the additional categories of *other* and *unspecified*. The categories of *other* or *unspecified* IDD, similarly to DSM-5, are supposed to help in diagnosing in situations in which the level of the severity of intellectual disability cannot be determined due to the lack of tools or the possibility of performing the diagnosis. In ICD-11, similarly to ICD-10, it is recommended to assess the intensity of this disability based on IQ assessment, supplemented by the categorization of the severity of intellectual or developmental disorder as well as expanded by a categorization based on a description of the person's functional and personal characteristics and/or necessary support. Tools intended for the classification of support needs and identifying significant features of people with IDD were indicated, with the caveat that currently, there are too few tools of global reach to implement such a classification widely. In this way, the direction of change in the scope of intellectual disability was shown (Jurek & Pawlicka, 2015, p. 17).

It is worth adding that AAIDD recommends the most far-reaching changes in the categories of intelligence disorders, thus it is recommended that in ICD-11 a three-grade categorization of intellectual disability severity be used: *marked*, *extensive* and *pervasive*, instead of the four levels provided by ICD-10, with the additional category of “*other*” for persons for whom, due to their age or behavioral, perception or physical condition disorders, an accurate assessment cannot be made. AAIDD proposes combining the severe and profound levels into one category due to the difficulty of an adequate diagnosis of IQ below 40, as well as to the lack of scientific confirmation justifying this division (cf. Jurek & Pawlicka 2015, p. 18). Moreover, AAIDD proposes a reversal of

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<sup>5</sup> In ICD-11 a new chapter has been proposed entitled *Neurodevelopmental disorders*, which among differentiated diagnostic groups, will include *Disorders of Intellectual Development*. As a result, diagnostic categories classified in ICD-10 as “Mental disorders” and “Disorders of psychological development” will be found in ICD-11 in the group of “Neurodevelopmental disorders,” which also covers specific categories corresponding to disorders which can be found in other parts of ICD-11, e.g., “Attention deficit hyperactivity disorder” in ICD-11 corresponds to “Hyperkinetic disorders” in ICD 10, which were classified in ICD-10 in the group “Behavioral and emotional disorders with onset usually occurring in childhood and adolescence” (Jurek & Pawlicka, 2015, p. 15). ICD-11 was published in 2018 and it will become binding on 1 January 2022.

the diagnostic criteria, placing more emphasis on the assessment of adaptive functioning than on the IQ factor. No less important are the five assumptions which should be taken into account in determining intellectual disability. It is necessary to take into account the community environment typical of the individual's peers and culture, linguistic diversity, cultural differences in the way people communicate, move, and behave, the state of health, etiology of disability and mental state as well as the emotional sphere. (Jurek & Pawlicka, 2015; Schalock et al., 2010). The priority of such a diagnosis is to determine the strengths and weaknesses of a person with intellectual disability and to define what support is necessary, as well as the scope and duration of its provision. Moreover, in case it is unsuccessful, it should be changed or modified in order to improve the functioning of the given person in typical life situations and his or her integration in the local community.

## Conclusion

The multidimensional nature of the contemporary social and ecological approach to intellectual disability and the functioning of people with this disability, as well as intensification of the process of their social inclusion in accordance with the assumptions of the Convention on the Rights of Persons with Disabilities make it obligatory to eliminate, or at least limit, the problems impeding this process. Undoubtedly, they are related to the irrational, organizationally imperfect system of their support, which we signaled, as well as maintaining the use of narrowly, psychometrically defined intelligence as a still crucial criterion in the diagnosis of these people's disability. The indicated issues draw attention to the need to verify the paradigm of supporting persons with intellectual disability, as well as the current approach to the assessment of their mental abilities in the diagnosis process. Recognizing the developmental potential of people with this disability and creating a variety of solutions in education, rehabilitation and in the scope of support, always suitably fitted to their organizational abilities, should be a remedy freeing them from dependence on others, helping in their self-reliance, while respecting the legitimate rights of all citizens and widening the field of integration and social inclusion.

In order to improve the quality of their lives, and to facilitate the process of their authentic and satisfactory inclusion into the local community, instead of preparing special programs and applying them primarily in isolated spaces and programmed form, these people should be supported in the places where

they learn and live. Moreover, much needs to be done to eliminate the barriers hampering the functioning of these people in all spheres of life, which would allow for the creation of a flexible and diversified, hot – because it would react quickly to their needs – network of formal and informal support. Such support is necessary for persons with intellectual disability in order to cope with the requirements of everyday life and participate in society as full citizens (cf. Firkowska-Mankiewicz, 2008).

While pointing out the above considerations, we refer to Anna Firkowska-Mankiewicz's postulate from 2008, which we consider still valid, that the full participation in social life of persons with intellectual disability requires further adequate legislative solutions, guaranteeing them the same rights as other citizens, as well as the political will to respect these solutions (Firkowska-Mankiewicz, 2008, p. 13). Their chance to participate will be the appropriate system of support facilitating the exercise of their rights and shaping knowledge, consciousness and social attitudes, so that disability will be treated as a universal human experience and persons with intellectual disability as fully eligible citizens.

## References

- Albrecht, K. (2007). *Inteligencja społeczna [Social Intelligence]*, transl. G. Kowalski. Gliwice: Wydawnictwo Helion.
- Dawidziuk, E. & Mazur, M. (2017). *Osoby z niepełnosprawnością intelektualną lub psychiczną osadzone w jednostkach penitencjarnych. Z uwzględnieniem wyników badań przeprowadzonych przez pracowników Biura Rzecznika Praw Obywatelskich [People with intellectual or mental disabilities imprisoned in penitentiary units. In view of the results of research conducted by the employees of the Ombudsman's Office]*. Warszawa: The Ombudsman's Office, [https://www.rpo.gov.pl/sites/default/files/Osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20intelektualn%C4%85%20%20lub%20psychiczn%C4%85%20osadzone%20w%20jednostkach%20penitencjarnych%202017\\_0.pdf](https://www.rpo.gov.pl/sites/default/files/Osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20intelektualn%C4%85%20%20lub%20psychiczn%C4%85%20osadzone%20w%20jednostkach%20penitencjarnych%202017_0.pdf) [accessed: 17.10.2019].
- Exploring the diversity of NEETs, European Foundation for the Improvement of Living and Working Conditions. (2016). Luxembourg.
- Firkowska-Mankiewicz, A. (1993). *Spór o inteligencję człowieka [The Dispute over Human Intelligence]*. Warszawa: Instytut Filozofii i Socjologii PAN.
- Firkowska-Mankiewicz, A. (2008). Zmiana paradygmatu w postrzeganiu osoby z niepełnosprawnością intelektualną – z podopiecznego na pełnosprawnego i niezależnego uczestnika życia społecznego [A Paradigm Shift in the Perception of a Person with



- an Intellectual Disability – From a Ward to a Full and Independent Participant in Social Life]. In: *Raport podsumowujący działalność Centrum Doradztwa Zawodowego i Wspierania Osób Niepełnosprawnych Intelktualnie* [Report Summarizing the Activity of the Vocational Counselling and Support Centre for Persons with Intellectual Disabilities] (pp. 7–14), <https://psoni.org.pl/wp-content/uploads/2015/09/raport-podsumowuj%C4%85cy-dzia%C5%82alno%C5%9B%C4%87.pdf> [accessed: 12.10.2019].
- Gardner, H. (2002). *Inteligencje wielorakie. Teoria w praktyce* [Multiple Intelligences: The Theory in Practice], transl. A. Jankowski. Poznań: Media Rodzina.
- Gardner, H., Kornhaber, M.L. & Wake, W.K. (2001). *Inteligencja. Wielorakie perspektywy* [Intelligence: Multiple Perspectives], transl. M. Groborz & M. Śmieja. Warszawa: Wydawnictwa Szkolne i Pedagogiczne.
- Goleman, D. (1997). *Inteligencja emocjonalna* [Emotional Intelligence], transl. A. Jankowski. Poznań: Media Rodzina.
- Goleman, D. (1999). *Inteligencja emocjonalna w praktyce* [Emotional Intelligence in Practice], transl. A. Jankowski. Poznań: Media Rodzina.
- Goleman, D. (2007). *Inteligencja społeczna* [Social Intelligence], transl. A. Jankowski. Poznań: Dom Wydawniczy Rebis.
- Heitzman, J. (2017). Niepełnosprawni intelektualnie i chorzy psychicznie w jednostkach penitencjarnych [Intellectually Disabled and Mentally Ill in Penitentiary Institutions]. In: E. Dawidziuk & M. Mazur (eds.), *Osoby z niepełnosprawnością intelektualną lub psychiczną osadzone w jednostkach penitencjarnych. Z uwzględnieniem wyników badań przeprowadzonych przez pracowników Biura Rzecznika Praw Obywatelskich* [People with intellectual or mental disabilities imprisoned in penitentiary units. In view of the results of research conducted by the employees of the Ombudsman's Office] (pp. 17–29). Warszawa: The Ombudsman's Office, [https://www.rpo.gov.pl/sites/default/files/Osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20intelektualn%C4%85%20%20lub%20psychiczn%C4%85%20osadzone%20w%20jednostkach%20penitencjarnych%202017\\_0.pdf](https://www.rpo.gov.pl/sites/default/files/Osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20intelektualn%C4%85%20%20lub%20psychiczn%C4%85%20osadzone%20w%20jednostkach%20penitencjarnych%202017_0.pdf) [accessed: 17.10.2019].
- Janiszewska-Nieścioruk, Z. (2019). Niepełnosprawność intelektualna i możliwości proinkluzyjnej edukacji i rehabilitacji osób z tą niepełnosprawnością w kontekście teorii wielorakich inteligencji [Intellectual Disability and the Possibilities of Pro-inclusive Education and Rehabilitation of People with Intellectual Disabilities in the Context of the Theory of Multiple Intelligences]. In: Z. Janiszewska-Nieścioruk, A. Mróz & U. Gembara (eds.), *(Nie)nowe problemy rozwoju, edukacji i rehabilitacji osób z niepełnosprawnością intelektualną* [(Not So) New Problems of Development, Education and Rehabilitation of People with Intellectual Disabilities] (pp. 93–107). Zielona Góra: Oficyna Wydawnicza Uniwersytetu Zielonogóskiego.
- Janiszewska-Nieścioruk, Z. & Sadowska, S. (2015). Możliwości „rehabilitacji” aktualnej sytuacji społecznej i edukacyjnej osób z niepełnosprawnością intelektualną



- [Opportunities for “Rehabilitation” of the Current Social and Educational Situation of People with Intellectual Disabilities]. In: T. Żółkowska, J. Buława-Halasz & Ł. Skryplonek (eds.), *Niepełnosprawność w spirali naukowych rozważań [Disability in the Spiral of Scientific Consideration]* (pp. 49–63). Szczecin: Wydawnictwo Naukowe Wydziału Humanistycznego Uniwersytetu Szczecińskiego MINERWA.
- Jankowska, A.M., Bogdanowicz, M. & Łockiewicz, M. (2013). „Dzieci szarej strefy” – aktualizacja stanu wiedzy dotyczącej funkcjonowania psychospołecznego uczniów z inteligencją niższą niż przeciętna [“Children of the Grey Zone.” An Update on the State of the Knowledge Concerning Psychosocial Functioning of Students with Below-average Intelligence]. Warszawa: Instytut Badań Edukacyjnych.
- Jurek, P. & Pawlicka, P. (2015). *Kwestionariusz diagnozy funkcjonalnej. Podręcznik [Functional Diagnosis Questionnaire. A Textbook]*. Gdańsk: Harmonia Universalis.
- Karwowski, M. (2005). *Konstelacje zdolności. Typy inteligencji a kreatywność [The Constellations of Abilities. Types of Intelligence and Creativity]*. Kraków: Oficyna Wydawnicza Impuls.
- Kilar, W. & Osuch, W. (2018). Sytuacja młodzieży NEET w Polsce i propozycje podniesienia jej kompetencji przedsiębiorczych w świetle rezultatów projektu RLG [Situation of NEET Youth in Poland and Proposals to Improve Their Entrepreneurial Competences in the Light of the Results of the RLG Project]. *Przedsiębiorczość – Edukacja*, 14, 425–444.
- Komunikat Komisji do Parlamentu Europejskiego, Rady, Europejskiego Komitetu Ekonomiczno-Społecznego i Komitetu Regionów. Europejska strategia w sprawie niepełnosprawności 2010–2020: Odnowione zobowiązanie do budowania Europy bez barier [Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. European Disability Strategy 2010–2020: A renewed commitment to a barrier-free Europe]. (2010). Brussels: European Commission.
- Konwencja o prawach osób z niepełnosprawnościami, Dz.U. 2012, poz. 1169 [Convention on the Rights of Persons with Disabilities, issued in New York City on 13 December 2006, Journal of Laws of 2012, item 1169].
- Kowalik, S. (2005). Psychologia niepełnosprawności umysłowej [Psychology of Mental Disability]. In: H. Sęk (ed.), *Psychologia kliniczna [Clinical Psychology]* (pp. 135–155), Vol. 2. Warszawa: Wydawnictwo Naukowe PWN.
- Krause, E. (2016). Zjawisko NEET, czyli o młodzieży trzy razy nic [The NEET Phenomenon, i.e. on the Three Times Nothing Youth]. *Problemy Profesjologii*, 2, 67–81.
- Kubicki, P. (2011). *Niepełnosprawny system wspierania uczniów niepełnosprawnych [Handicapped Support System for Disabled Students]*, [http://wyborcza.pl/1,76842,10071049,Niepełnosprawny\\_system\\_wspierania\\_uczniow\\_niepełnosprawnych.html#ixzz1bYDdnadu](http://wyborcza.pl/1,76842,10071049,Niepełnosprawny_system_wspierania_uczniow_niepełnosprawnych.html#ixzz1bYDdnadu) [accessed: 22.10.2011].

- Matczak, A. & Jaworowska, A. (2015). Testy, testowanie, diagnoza – co się zmieniło w ostatnim 25-leciu [Tests, Testing, Diagnosis – Changes Within the Last 25 Years]. *Psychologia Wychowawcza*, 7, 183–188.
- Melnick, M.D., Harrison, B.R., Park, S., Bennetto, L. & Tadin, D. (2013). A strong Interactive Link between Sensory Discriminations and Intelligence. *Current Biology*, 23(11), 1013–1017.
- Międzynarodowa Klasyfikacja Funkcjonowania, Niepełnosprawności i Zdrowia [International classification of functioning, disability and health (ICF)]. (2009). World Health Organisation.
- Mrugalska, K. (2015). Wstęp – Myślenie konwencyjne jako droga do innowacyjności w obszarze aktywności zawodowej [Introduction. Conventional Thinking as a Way to Innovation in the Area of Professional Activity]. In: *Indywidualizacja i kompleksowość [Individualization and Complexity]* (pp. 5–8), <http://pfzw.pl/wp-content/uploads/2015/11/ic1raport.pdf> [accessed: 10.10.2019].
- NEETs Young people not in employment, education or training: Characteristics, costs and policy responses in Europe, European Foundation for the Improvement of Living and Working Conditions. (2012). Luxembourg.
- Nowakowska, J. (2017). Wczesna identyfikacja osób wymagających szczególnego traktowania, będących uczestnikami postępowania karnego [Early Identification of Persons Who Participate in Criminal Proceedings and Who May Require Special Treatment]. In: E. Dawidziuk & M. Mazur (eds.), *Osoby z niepełnosprawnością intelektualną lub psychiczną osadzone w jednostkach penitencjarnych. Z uwzględnieniem wyników badań przeprowadzonych przez pracowników Biura Rzecznika Praw Obywatelskich [People with intellectual or mental disabilities imprisoned in penitentiary units. In view of the results of research conducted by the employees of the Ombudsman's Office]* (pp. 149–172). Warszawa: The Ombudsman's Office.
- Robinson, K. (2010). *Oblicza umysłu. Ucząc się kreatywności [Out of Our Minds: Learning to be Creative]*, transl. A. Baj. Kraków: Wydawnictwo Element.
- Robinson, K. (2012). *Uchwycić żywioł. O tym jak znalezienie pasji zmienia wszystko [The Element: How Finding Your Passion Changes Everything]*, transl. A. Baj. Kraków: Wydawnictwo Element.
- Robinson, K. & Aronika, L. (2015). *Kreatywne szkoły. Oddolna rewolucja która zmienia edukację [Creative Schools: The Grassroots Revolution That's Transforming Education]*, transl. A. Baj. Kraków: Wydawnictwo Element.
- Schalock, R.L. et al. (2010). *Intellectual Disability: Definition, Classification, and Systems of Supports, Eleventh Edition*. American Association on Intellectual and Developmental Disabilities.
- Schalock, R.L. et al. (2012). *User's Guide for Intellectual Disability: Definition, Classification, and Systems of Supports, Eleventh Edition*. American Association on Intellectual and Developmental Disabilities.

- Serafin-Juszczak, B. (2014). NEET – Nowa kategoria młodzieży zagrożonej wykluczeniem społecznym [NEET – A New Category of Youth at Risk of Social Exclusion]. *Acta Universitatis Lodzensis, Folia Sociologica*, 49, 45–61.
- Sternberg, R.J., Jarvin, L. & Grigorenko, E.L. (2018). *Mądrość, inteligencja i twórczość w nauczaniu* [Teaching for Wisdom, Intelligence, Creativity, and Success], transl. A. Łagodzka. Łódź: Wydawnictwo Uniwersytetu Łódzkiego.
- Strelau, J. (2016). *Różnice indywidualne. Historia – determinanty – zastosowania* [Individual Differences. History – Determinants – Applications]. Warszawa: Wydawnictwo Naukowe Scholar.
- Świątek, A., Rachwał, T., Kurek, J., Kilar, W. & Osuch, W. (2018) Sytuacja młodzieży NEET w Polsce i propozycje podniesienia jej kompetencji przedsiębiorczych w świetle rezultatów projektu RLG. [Situation of NEET Youth in Poland and Proposals to Improve Their Entrepreneurial Competences in the Light of the RLG Project Results]. *Przedsiębiorczość – Edukacja*, 14, 425–444.
- Troche, S.J., Thomas, P., Tadin, D. & Rammsayer, T.H. (2018). On the relationship between spatial suppression, speed of information processing, and psychometric intelligence. *Intelligence*, 67, 11–18.
- Tucholska, S. (1998). Kryteria i klasyfikacje upośledzenia umysłowego, ustalenia z lat 1992–1994 [Criteria and Classifications of Mental Disability. The Findings of 1992–1994]. *Roczniki Psychologiczne*, 1, 81–87.
- Upośledzenie umysłowe – definicja, klasyfikacja i systemy wsparcia* [Mental Retardation's Definition, Classification, and System of Supports]. (1992). American Association on Mental Retardation – AAMR.